

Application For Credit Account

A.B.N. 88 010 873 131

The Printing Office
Po Box 1562, Eagle Farm, Queensland 4009
Phone: (07) 3268 8888



TO BE COMPLETED BY APPLICANT

General:

Full business (trading) name: _____

Business address: _____

Postal address: _____

Phone: _____ Facsimile: _____ Date business commenced: _____

Description of business: _____

If trading as a trust or trustee please give:

Name of trust: _____

Name of trustee: _____

(If trustee is a company please complete the next section)

Address of trustee: _____

Type of trust: _____

If a company trading as above please give:

Company name: _____ A.B.N. _____

Registered office: _____

Date incorporated: _____ Paid capital: _____

Please list the full names and residential addresses of all owners, directors or partners:

1. Name: _____

Residential address: _____

2. Name: _____

Residential address: _____

3. Name: _____

Residential address: _____

Financial Information:

Bank: _____ Branch: _____

Premises owned/leased: _____ Are your debtors factored? _____

Officer to contact in regard to account queries:

Name: _____ Title: _____

Phone: _____ Email: _____

Trading details:

Estimated monthly purchases: _____

Name of purchasing officer: _____ Phone: _____ Email: _____

Trade references: _____ Name _____ Phone _____

1. _____

2. _____

3. _____

DECLARATION OF COMMERCIAL CREDIT APPLICATION

TO COMPLY WITH THE PRIVACY AMENDMENT ACT 1990, I/We the undersigned, acknowledge that The Printing Office has informed me/us, in accordance with s18E(8)(c) of the Privacy Act 1988, that certain items of personal information about me/us contained in this application and permitted to be kept on a credit information file might be disclosed to a credit reporting agency. Furthermore I/We agree, in accordance with the following sections; s18K(1)(h), s18N(1)(b) that use by The Printing Office of the relevant information referred in those sections may occur for the purpose of assessing this application.

I/We hereby:

1. Warrant that the information supplied in this Application is true and correct.

2. ACKNOWLEDGE that credit facilities may be withdrawn at any time without notice.

3. HAVE READ AND AGREED to the Terms and Conditions of Sale of The Printing Office provided with this Application and which will form part of each and every contract entered by us with The Printing Office.

Authorised Signature_____
Print Name_____
Position/Title_____
Date

OFFICE USE ONLY

References Contacted And Comments:

_____	No. Of Years Dealing: _____
Trading Terms: _____	Monthly Turnover: _____
Settlement Time: _____	Remarks: _____
_____	No. Of Years Dealing: _____
Trading Terms: _____	Monthly Turnover: _____
Settlement Time: _____	Remarks: _____
_____	No. Of Years Dealing: _____
Trading Terms: _____	Monthly Turnover: _____
Settlement Time: _____	Remarks: _____

Report: _____

Trading Bank: _____

Approved/Rejected

Signed: _____ Date: _____

Credit Limit: _____

Approved Terms: _____

Notification Letter To Customer: _____

Notification Memo To Sales: _____

Customer Code: _____ Name: _____

Look-Up Code: _____

Postal Address: _____ Phone: _____

City: _____ Postcode: _____ Fax: _____

Contact: _____ Comments: _____

Credit Limit: _____

Customer Type: _____

Sales Area: _____

Sales Person: _____

Discount GRP: _____